



## 820 PRIOR AUTHORIZATION REQUIREMENTS

REVISION DATES: 10/01/08, 10/01/07, 05/15/07, 04/01/07, 11/01/06, 08/01/06, 06/01/06, 03/03/06, 01/01/05, 07/01/04, 10/01/01, 07/01/99, 07/01/98, 06/01/98, 02/18/98, 02/12/98, 10/01/97, 05/01/97, 03/14/97, 07/22/96, 10/01/95, 08/01/95, 04/01/95

INITIAL

EFFECTIVE DATE: 10/01/1994

This section identifies AHCCCS Administration FFS PA requirements for covered services for the general FFS population not in FESP. (Refer to [Chapter 1100](#) for all requirements regarding services provided to FESP members.) PA is not required for FFS members receiving services from IHS providers and facilities. A non-IHS provider or facility rendering AHCCCS covered services must obtain PA from the AHCCCS/DFSM/PA Unit for services specified in Policy 820 of this Chapter when scheduling an appointment or admission for the FFS member.

The AHCCCS/DFSM procedural requirements for submitting PA requests via mail, fax or over the telephone, as defined in Policy 810, apply to all services identified in this section, unless specified otherwise. For purposes of this chapter, all PA requests are submitted to the AHCCCS/DFSM/PA Unit for approval or denial.

### A. BEHAVIORAL HEALTH

**Description.** AHCCCS covers behavioral health services (mental health and/or substance abuse services) within limitations depending upon the member's age and eligibility.

Refer to [Chapter 300](#), Policy 310 and [Appendix G](#) of this manual for further information regarding AHCCCS covered behavioral health services and settings.

### B. BREAST RECONSTRUCTION AFTER MASTECTOMY

**Description.** AHCCCS covers breast reconstruction for eligible fee-for-service (FFS) members following a medically necessary mastectomy.

Refer to [Chapter 300](#), Policy 310.



The physician performing the procedure and the facility in which the services are provided must obtain (PA) from the AHCCCS Chief Medical Officer, or designee, for breast reconstruction surgery provided to FFS members.

Refer to the sections of this policy addressing Hospital Inpatient Stays and Physician Services for required documentation to receive PA.

### C. COCHLEAR IMPLANTATION

**Description.** AHCCCS covers medically necessary cochlear implantation for FFS members within certain limits. Providers must obtain approval from the AHCCCS Chief Medical Officer, or designee, for all cochlear implants and related services for FFS members. Requests for PA must include documentation of the appropriate assessments and evaluations for determining suitability for a cochlear implant.

Refer to [Chapter 300](#), Policy 320, and [Chapter 400](#), Policy 430, in this manual for complete information regarding covered cochlear implantation services.

**Procedures.** FFS provider responsibilities regarding cochlear implantation services include, but are not limited to:

1. The member's implantation specialist (otolaryngologist or otologist) must submit a written request to the AHCCCS Chief Medical Officer, or designee, for approval of the implant.
2. The following documentation must accompany the written request:
  - a. The member's current history and physical examination, including information regarding previous therapy for the hearing impairment
  - b. Records documenting the member's diagnosis, current medical status and plan of treatment leading to the recommendation of implantation, and
  - c. Current psychosocial evaluation and assessment for determining the member's suitability for implant.



3. The AHCCCS Chief Medical Officer, or designee, will review the submitted documentation and provide a written response for approval or denial to the member's implant specialist. If approved, the written response will include the following information:
  - a. Designation of the appropriate implantation center with which AHCCCS maintains a contract
  - b. Instructions for obtaining PA for each implant service component, and
  - c. Coverage limitations.
4. If a cochlear implant is denied, notice will be provided in accordance with 9 A.A.C. 34.

Refer to the AHCCCS Fee-for-Service Provider Manual for information regarding submission of claims and billing procedures. This manual is available online at the AHCCCS Web site.

#### D. DENTAL SERVICES

**Description.** AHCCCS covers the following dental services for members:

- Emergency dental services
  - Medically necessary dentures
  - Pre-transplant dental services, and
  - Preventive and therapeutic dental services (these services are limited to members who are under the age of 21 in both the Medicaid (EPSDT program) and KidsCare programs).
1. Emergency dental services – Emergency dental services provided to members, as defined in 9 A.A.C. 22, Article 22, do not require PA.

Limitations for emergency dental services provided to members not enrolled with Contractors include, but are not limited to, the following:



- a. Extractions are limited to emergency care.
  - b. The treatment for the prevention of pulpal death and imminent tooth loss is limited to non-cast fillings, pre-formed stainless steel crowns, pulp caps and pulpotomies only for the tooth causing pain, or in the presence of active infection. Root canals are limited to six anterior teeth (uppers and lowers) only, and only when indicated as treatment for acute infection or to eliminate pain.
  - c. Routine restorative procedures and routine root canal therapy are not considered emergency services.
  - d. Radiographs are limited to use as a diagnostic tool preceding treatment of symptomatic teeth and to support the need and provision of dentures.
  - e. Maxillofacial dental services provided by a dentist are not covered except to the extent prescribed for the reduction of trauma, including reconstruction of regions of the maxillae and mandible.
  - f. Diagnosis and treatment of temporomandibular joint dysfunction are not covered except for the reduction of trauma.
2. Medically necessary dentures – PA is required for the provision, replacement, repair or adjustment of dentures. PA is also required for obturators and other prosthetic appliances for restoration or rehabilitation.
  3. Pre-transplant dental services - Pre-transplant dental services are covered when medically necessary in order for the member to receive the major organ or tissue transplant. These services require PA by the AHCCCS Transplant Coordinator and review by the AHCCCS Dental Director or designee.
  4. Preventive and therapeutic dental services – Preventive and therapeutic dental services are limited to members who are under the age of 21 in both the Medicaid (EPSDT program) and KidsCare programs. Except as specified below, these services do not require PA.

Dentures (both complete and partial), cast crowns and orthodontia services provided to Medicaid members and KidsCare members under the age of 21 require PA.

Refer to [Chapter 300](#), Policy 310 and Policy 320 (Affiliated Practice Dental Hygienist Policy), and [Chapter 400](#), Policy 430, for complete information regarding covered dental services.



**Procedures.** PA requests for medically necessary dentures, other dental prosthetics, cast crowns, pre-transplant dental services, and orthodontic services may be submitted via mail, fax or telephone. PA is not necessary in emergency circumstances.

Written dental PA requests must be accompanied by:

1. Referral from member's physician/dentist substantiating medical necessity of services through description of medical condition
2. Dentist's treatment plan and schedule, and
3. Radiographs fully depicting existing teeth and associated structures by standard illumination when appropriate.

#### **E. DIALYSIS**

**Description.** AHCCCS covers dialysis and related services furnished to AHCCCS FFS members by qualified providers without PA.

Refer to [Chapter 300, Policy 310](#), for covered dialysis services for members not in FESP.

**Refer to [Chapter 1100, Policy 1120](#), for information regarding FESP dialysis services.**

#### **F. EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) SERVICES**

**Description.** EPSDT services provide comprehensive health care, as defined in 9 A.A.C. 22, Article 2, through primary prevention, early intervention, diagnosis and medically necessary treatment of physical and behavioral health problems for enrolled AHCCCS members under 21 years of age. EPSDT also provides for all medically necessary services to treat or ameliorate physical and behavioral health disorders, a defect, or a condition identified in an EPSDT screening. Limitations and exclusion, other than the requirement for medical necessity, do not apply to EPSDT services.

PA for these services is only required as is designated in this policy and in [Chapter 400, Policy 430](#).

Refer to [Chapter 400, Policy 430](#), for complete information regarding EPSDT services (overview, definitions, screening requirements, service standards, provider requirements and exhibits).



## G. EMERGENCY MEDICAL SERVICES

**Description.** A provider is not required to obtain PA for emergency medical services; however, a provider must comply with the notification requirements in 9 A.A.C., Article 2.

Notification of emergency admissions may be submitted via fax or telephone. A provider must notify the Administration no later than 72 hours after a FFS member receiving emergency medical services presents to a hospital for inpatient services. The Administration may deny payment for failure to provide timely notice.

Refer to [Chapter 300](#), Policy 310 and Exhibit 310-1, for review of the Rule sections regarding FFS emergency services.

Refer to [Chapter 1100](#) for information regarding the Federal Emergency Services Program.

## H. EYE CARE/OPTOMETRY SERVICES

**Description.** AHCCCS covers eye care/optometric services for members, within limitations. Coverage is provided as described in [Chapter 300](#), Policy 310.

1. Emergency eye care services do not require AHCCCS authorization.
2. Eye examinations and prescriptive lenses are covered only for EPSDT and KidsCare members. PA is not required. Prescriptive lenses for members age 21 and older are not covered unless they are the sole visual prosthetic device used by the member after cataract removal surgery.
3. Cataract removal requires PA from the AHCCCS/DFSM/PA Unit. Children needing cataract removal should be referred to Children's Rehabilitative Services. Other prior authorization requests for cataract removal services may be submitted via mail, fax or telephone.